

LIFE/DISABILITY INSURANCE FILING INSTRUCTIONS FOR MONTANA

In an effort to reduce the amount of correspondence required for filing review, the following filing guidelines have been created to assist companies in submitting complete files in the original submission.

1. **IMPORTANT** -Effective 1-1-2000 fees are no longer required (with one exception) for rate and form submissions. **PLEASE DO NOT INCLUDE FEES WITH ANY RATES AND FORMS SUBMISSION** except Health Service Corporations. Health Service Corporations fees are: 1) filing of a membership contract, \$25; 2) filing of a membership contact package, \$100.
2. Forms and rates must be filed separately. If a form and a rate are both being submitted, two separate filings must be submitted, one for the forms and one for the rates.
3. Form filings will not be approved without Domiciliary Approval.
4. Paper filings
 - a. **Please make sure that the complete, exact, company name is included in your cover letter or General Instructions.**
 - b. Your cover letter RE: line should contain the complete company name, NAIC number and a complete list of all forms submitted for approval (you may list them on an attached sheet if necessary). This also applies to any other correspondence after the initial cover letter.
 - c. Please submit an original cover letter with a transmittal sheet and one copy of the cover letter. **Please only submit one (1) set of forms for review, duplicate copies are not stamped or returned**
 - d. Please provide a self addressed stamped envelope with each submission and all correspondence.
5. Cover letter or General Information tab ~ Filing Description ~ Include a brief description of what is being filed, why it is being filed, what it is for and if it is new, a replacement or a revision. If the form is to be used with a previously approved form, please include that form number and the date of approval. If the previously approved form was approved more than 3 years from the date of the new filing, please include a copy of the previously approved forms for review for compliance with current law.
6. All submissions are handled in date order, including responses.
7. If you are submitting any type of variable life or annuity product, application, etc., please submit one final printed dated effective prospectus. The applicable forms cannot be approved until the prospectus has been submitted. Please do not submit these forms until you have the prospectus available.
8. Generally advertising is not required to be filed or approved, there are exceptions – Long Term Care, Medicare Supplement, and other senior market products, Viatical Settlement products, as well as any others upon request.
9. If the filing is made on behalf of a (another) company, please attach a current letter of authorization.
10. If there is a third party administrator (33-17-102 and 603 MCA), provide name and evidence of registration in the General Description or cover letter.
11. **Flesh reading:** Per MCA 33-15-325, all forms filings must be accompanied by a certificate signed by an officer stating the Flesh reading ease score for the forms submitted.

Please note the time period given for response to an objection. The standard time is 10 days. If your response cannot be completed within the time period given, please contact the Forms Review Analyst and request an extension. If your filing has been closed we request you refile rather than reopening a file. However, please call or e-mail the reviewer. We will on a case by case basis, consider reopening a file but you must call or e-mail. Please do not send the request via "Note to Reviewer" on SERFF.

The Department does not accept the following reports via SERFF:

LTC CLAIMS DENIAL
LTC LAPSE & REPLACEMENT
LTC RECISSION
LTC SUITABILITY
MEDICARE SUPPLEMENT NON DUPLICATION
MEDICARE SELECT GRIEVANCE
MEDICARE SELECT NETWORK PROVIDERS

Please send these reports to:
Barbara van der Mars
Commissioner of Securities and Insurance
840 Helena Ave.
Helena, MT 59601
bvandermars@mt.gov
406-444-9768